

Spiritual Gifts

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Hm. PHONE: _____ Wk. PHONE: _____

CELL: _____ E-MAIL: _____

Top three spiritual gifts indicated by inventory

1. _____

2. _____

3. _____

Heart

Check area(s) of passion:

Sports Finances Fitness Cooking Parenting

Drama Music Production Organization

Other _____

Ministries or Church areas that excite or concern me:

Evangelism Greeting Parenting

Missions Marriage & Family Prison Ministry

Special Needs Recovery Hospital Ministry

Homeless Grieving Eldercare Divorce Care

Other _____

Who I prefer to work with:

Older Adults Middle Age Adults Young Adults

Youth Children Singles

Senior Married Couples Women

Men

Other _____

Abilities

Check areas of skill in which you have:

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Journalism |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Musician |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Physical Trainer |
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Puppets |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Recreational games |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Script writing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Floral Design | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Foreign Language / Spanish | <input type="checkbox"/> Sound / Production |
| <input type="checkbox"/> Graphic design | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Videography |

Other _____

Personality

This is how I see myself (circle one for each):

	STRONG	MILD	STRONG	
Introverted	----- ----- ----- ----- ----- ----- ----- -----			Extroverted
Self-controlled	----- ----- ----- ----- ----- ----- ----- -----			Self-Expressive
Routine	----- ----- ----- ----- ----- ----- ----- -----			Variety
Cooperative	----- ----- ----- ----- ----- ----- ----- -----			Competitive
Structured	----- ----- ----- ----- ----- ----- ----- -----			Unstructured
Task-Oriented	----- ----- ----- ----- ----- ----- ----- -----			People-Oriented

Experiences

LIFE EXPERIENCES (school of hard knocks)

Experiences I have had that could help me relate to and encourage fellow Christians in a similar situation

Community organizations, leadership, or projects in which I have participated

MY MINISTRY EXPERIENCE:

Seminary

Pastoral

Teaching/Facilitating a class

Missions

Service _____

I feel my most valuable personal asset is:

If I knew I couldn't fail, this is what I would attempt to do for God with my life:

After reviewing the Ministry Descriptions, I feel I am best SHAPED for:

1. _____

2. _____

3. _____

4. _____

S. H. A. P. E.

Personal Profile

My S. H. A. P. E.

for Ministry

SPIRITUAL GIFTS

HEART

ABILITIES

PERSONALITY

EXPERIENCE



GRACE POINT
C H U R C H